CARD SIGNATURE

| CITY OF TAIRTAX TARRY AND RECREATION DETARTMENT | :AIION DEFAXIMENT | Administration Office | כמ |
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| , , , , , , , , , , , , , , , , , , , | Entonion Cost | 10455 Armstrong Stree | 10455 Armstrong Street Phone: 703-385-7858 |
| Amazin | Amazing experiences: | Fairfax, VA 22030 | Fax: 703-246-6321 |
| | | www.fairfaxva.gov | ParksRec@fairfaxva.gov |
| PARENT/GUARDIAN/PRIMARY HOUSEHOLD CONTACT INFORMATION | LD CONTACT INFORMATION | | |
| 8 | | | |
| LAST NAME | FIRST NAME | HOUSEHOLD E-MAIL | |

| PARENT/GUARDIAN/PRIMARY HOUSEHOLD CONTACT INFORMATION LAST NAME FIRST NAME | DLD CONTACT INFO | RMATION | ноизе | HOUSEHOLD E-MAIL | | | _ | |
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| ADDRESS () | () | | CITY | | | STATE | ZIP | |
| HOME PHONE | CELL PHONE | | OTHER | OTHER PHONE NUMBER | R | | | |
| EMERGENCY CONTACT NAME | | RELATION | EMERG | EMERGENCY CONTACT NUMBER | NUMBER | | RELATION | |
| CHECK IF YOU ARE A CITY OF FAIRFAX RESIDENT | DENT | RELATION | EMENG | ENCYCONIAC | NUMBER | | PE PAIR ON MARKET | |
| PARTICIPANT'S LAST NAME | FIRST NAME | DATE OF BIRTH | SEX | GRADE | PROGRAM TITLE | SESSION | | FEE |
| | | | | | | | | |
| | | | | | | | | |
| IMAGE RELEASE I hereby grant permission to the City of Fairfax to utilize any photograph, videotape, recording or other record of me or my child's participation in the program for any legitimate purpose. PLEASE CHECK: □ Yes □ No | tilize any photograph, vi | deotape, recording or oth | ner record o | f me or my | child's participation in the p | rogram for any l | egitimate purpose | |
| ASSUMPTION OF RISK: FOR ALL CITY OF FAIRFAX ACTIVITIES IN THE PARKS AND RECREATION DEPARTMENT. I certify that I am older than age 18 and/or the parent/legal guardian of the participant. Due to the strenuous nature of some activities, the Parks and Recreation Department encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant or parent/legal guardian consents to emergency treatment. Also student and parent understand and expressly assume all risk of all bodily injuries and property damages which might arise from my participation in all City of Fairfax activities in the Parks and Recreation department. | AIRFAX ACTIVITIES II ent/legal guardian of the ent/legal guardian of the ing fitness to participate y injuries and property du | N THE PARKS AND RE participant. Due to the s in the program. The partismages which might arise | CREATION trenuous n cipant or p from my p | N DEPART ature of son arent/legal articipatior | MENT. me activities, the Parks and F guardian consents to emerg in all City of Fairfax activities | ecreation Depar pency treatment. in the Parks and | tment encourage: Also student and Alecreation depari | each parent tment. |
| PRINT NAME | | | | | | | | oij |
| PARTICIPANT/PARENT OR LEGAL GUARDIAN SIGNATURE (All participants over 18 years of age must sign this registration form.) | nts over 18 years of age must sign t | his registration form.) | | | DATE | | | u |
| PAYMENT METHOD ☐ AmEx ☐ Discover | □ MasterCard □ Visa | 1 ! | Please mak | e check pay | ☐ Cash ☐ Checks (Please make check payable to City of Fairfax.) | 1 1 1 1 2 2 1 1 1 1 | : 2 3 3 5 4 3 3 3 1 2 1 3 | FC |
| | | | | _ | | TOTAL FEE | m | |
| CREDIT CARD OR CHECK NUMBER | | | EXP DATE | 0 | CSV/SECURITY CODE | | | w |